



Hospital Fiscal Report  
 State Form 49520 (R2 /7-02)  
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: INDIANA UNIVERSITY HEALTH WHITE MEMORIAL HOSPITAL

City of Hospital: Monticello

Year Begin: 01/01/2017 (mm/dd/yyyy format)

Year End: 12/31/2017 (mm/dd/yyyy format)

Person Completing the Report: Derek Tatter

Email Address: dtatter@iuhealth.org

Medicare Provider Number: 15-1312

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

|                                     |            |
|-------------------------------------|------------|
| Inpatient Patient Service Revenue   | \$7422513  |
| Outpatient Patient Service Revenue  | \$64146557 |
| Total Gross Patient Service Revenue | \$71569070 |

2. Deductions From Revenue

|                       |            |
|-----------------------|------------|
| Contractual Allowance | \$44873612 |
| Other Deductions      | \$1046615  |
| Total Deductions      | \$45920227 |

3. Total Operating Revenue

|                             |            |
|-----------------------------|------------|
| Net Patient Service Revenue | \$25648843 |
| Other Operating Revenue     | \$869264   |
| Total Operating Revenue     | \$26518107 |

4. Operating Expenses

|                               |            |                   |            |
|-------------------------------|------------|-------------------|------------|
| Salaries and Wages            | \$7684478  | Employee Benefits | \$2020916  |
| Depreciation and Amortization | \$1948305  | Interest Expense  | \$1088244  |
| Bad Debt                      | \$1984164  | Other Expenses    | \$12191731 |
| Total Operating Expenses      | \$26917838 |                   |            |

5. Net Revenue and Expenses

|                                   |           |                   |            |
|-----------------------------------|-----------|-------------------|------------|
| Excess Revenue over Expenses      | \$-399731 | Total Assets      | \$55907585 |
| Net Non-operating Gains over Loss | \$41910   | Total Liabilities | \$55907585 |

|                 |           |
|-----------------|-----------|
| Total Net Gains | \$-357821 |
|-----------------|-----------|

Statement Two: Contractual Allowance

| Revenue Source   | Gross Patient Revenue | Contractual Allowance | Net Patient Service Allowance |
|------------------|-----------------------|-----------------------|-------------------------------|
| Medicare         | \$38296675            | \$25561311            | \$12735364                    |
| Medicaid         | \$11130984            | \$10042871            | \$1088113                     |
| Other Government | \$803306              | \$454625              | \$348681                      |
| Other State      | \$0                   | \$0                   | \$0                           |
| Other Payers     | \$21338106            | \$9861420             | \$11476686                    |
| Total            | \$71569071            | \$45920227            | \$25648844                    |

Statement Three: Donations Statement

|           | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|-----------|----------------------------|-----------------------------|-------------------------|
| Donations | \$0                        | \$62327                     | \$-62327                |

Statement Four: Research Statement

|          | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|----------|----------------------------|-----------------------------|-------------------------|
| Research | \$0                        | \$0                         | \$0                     |

Statement Five: Education Statement

| Education of          | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|-----------------------|----------------------------|-----------------------------|-------------------------|
| Medical Professionals | \$0                        | \$19242                     | \$-19242                |
| Hospital Patients     | \$0                        | \$0                         | \$0                     |
| Community Education   | \$0                        | \$0                         | \$0                     |

|   |     |
|---|-----|
| Number of Medical Professionals Trained                 | \$0 |
| Number of Hospital Patients Educated                    | \$0 |
| Number of Citizens Exposed to Health Education Messages | 141 |

Statement Six: Charity Statement

|                          |           |
|--------------------------|-----------|
| Hospital Charity Charges | \$2084502 |
|--------------------------|-----------|

|                           | Payments from Clients | Less Costs to Hospital | Unreimbursed Costs to Hospital |
|---------------------------|-----------------------|------------------------|--------------------------------|
| Charity Care              | \$0                   | \$696598               |                                |
| HCI Payments              | \$0                   |                        |                                |
| Subtotal                  | \$0                   | \$696598               | \$-696598                      |
| Medicaid Shortfalls       | \$4559952             | \$4559952              |                                |
| Subtotal                  | \$4559952             | \$5256550              | \$-696598                      |
| DSH Payments              | \$0                   |                        |                                |
| Subtotal                  | \$4559952             | \$5256550              | \$-696598                      |
| Medicare Shortfalls       | \$11540010            | \$11434243             |                                |
| Other Government Programs | \$0                   | \$0                    |                                |
| Total                     | \$16099962            | \$16690793             | \$-590831                      |

|   |
|---|
| Statement Seven: Subsidized Health Services for the Community |
|---|

|                      | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|----------------------|----------------------------|-----------------------------|-------------------------|
| Community Programs   | \$0                        | \$1210                      | \$-1210                 |
| Community Assessment | \$0                        | \$0                         | \$0                     |
| Provision of Taxes   | \$0                        | \$0                         | \$0                     |
| Other Allocations    | \$0                        | \$0                         | \$0                     |

Comments